

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20		1					70				
21							71				
22							72				
23							73				
24							74				
25		1					75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32		1					82				
33							83				
34							84				
35		2					85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	31		↔		↔		TOTAL DEP.	↔		↔	
TOTAL CLAIMS	36		██████████		██████████		TOTAL CLAIMS	██████████		██████████	